

RED HIGHLIGHTED FIELDS WITH * MUST BE FILLED OUT



Government of The Republic of Trinidad and Tobago
MINISTRY OF EDUCATION

Distance Education Unit 18 Abercromby Street P.O.S, Website: <http://www.deuttmoe.org>, Email: admissions@nostt.edu.tt, Tel: (868) 625-2615, Fax: (868) 627-9861



LEARNER REGISTRATION FORM

LAST NAME	<input type="text"/>	*	<div>PHOTO</div> <div>INSERT PHOTO</div>			
FIRST NAME	<input type="text"/>	*				
MIDDLE	<input type="text"/>					
ADDRESS	<input type="text"/>	*				
TEL: HOME	<input type="text"/>	TEL: WORK	<input type="text"/>	TEL: CELL	<input type="text"/>	
DATE OF BIRTH	<input type="text"/>	*	AGE	<input type="text"/>	Sex <input type="text"/>	*
EMAIL	<input type="text"/>	*				
PREFERRED SOCIAL NETWORKING SPACE (e.g. Facebook, Twitter)			SPACE	<input type="text"/>	USERNAME	<input type="text"/>
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED		
NATIONALITY	<input type="text"/>	OCCUPATION	<input type="text"/>			
I.D. CARD NO.	<input type="text"/>	PASSPORT NO.	<input type="text"/>	D.P. NO.	<input type="text"/>	
SUBJECT/S CHOSEN <input type="checkbox"/> Mathematics <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Social Studies <input type="checkbox"/> Human and Social Biology						
<input type="checkbox"/> Principles of Accounts <input type="checkbox"/> Principles of Business <input type="checkbox"/> Primary School Leaving Certificate						
ICT: <input type="checkbox"/> Cisco IT Essentials <input type="checkbox"/> Ecitizen <input type="checkbox"/> Webstarter <input type="checkbox"/> ICDL (International Computer Driving Licence)						
REASON FOR APPLYING	<input type="text"/>					
DESIRED CENTRE	<input type="text"/>					
LAST SCHOOL ATTENDED	<input type="text"/>					
REGISTERED CSEC CANDIDATE PLEASE FILL IN YOUR REGISTRATION #	<input type="text"/>	DATE OF EXAM	<input type="text"/>			
EXAMINATION CENTRE	<input type="text"/>					

DO YOU HAVE A DISABILITY OR KNOWN MEDICAL CONDITION THAT WE SHOULD BE AWARE OF:

*

IF YES PLEASE EXPLAIN

EMERGENCY CONTACT:

RELATIONSHIP

LAST NAME

FIRST NAME

ADDRESS

TEL: HOME

TEL: WORK

TEL: CELL

TECHNOLOGY ACCESS: Please Click box/(es) if you have consistent access to any of the following

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TELEVISION

☐

VCR

☐

DVD/CD PLAYER

☐

AUDIO CASSETTE RECORDER/PLAYER

☐

PRINTER

☐

SCANNER

☐

INTERNET ACCESS

☐

Dial Up

☐

High Speed

ACADEMIC RECORD:

SCHOOL/INSTITUTION LAST ATTENDED	COURSE/SUBJECTS TAKEN	CERTIFICATE/S OBTAINED	GRADES	YEAR OBTAINED

1. I hereby certify that all statements are true, correct and complete to the best of my knowledge and belief. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status
2. I understand that submission of this application in no way guarantees admission to a programme or course, and that admission is subject to meeting NOSTT programme/course prerequisites and space availability.
3. I agree to abide by the rules and regulations of the NOSTT as published in the Orientation Guide, and any changes which may be made while I am a student at NOSTT.
4. The information on this form is collected under the authority of the Ministry of Education. I understand that this information, along with subsequent information placed in my student records, will be used for purposes of admission, registration, research, alumni and development and other purposes consistent with the mandate of the institution. The use of this information will be in compliance with the Freedom of Information act.

DATE